Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: EVERLY HOUSE (310375)

Address: N168 W22022 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 06/01/1995

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096465 End Date: 02/09/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008348 Served 03/29/2006

Deficiencies Cited Subject Area Subject Area Verified

83.33(2)(a) SUPERVISION

83.53(2)(a) DOORS EXCEPT PATIO DOORS

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0095301 End Date: 07/12/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008248 Served 08/09/2005

		Compliance	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	01/30/2006	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	01/30/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	01/30/2006	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	01/30/2006	Yes
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	01/30/2006	Yes
83.42(3)(c)	EXIT DIAGRAM POSTED	01/30/2006	Yes
83.45(1)	ACCESSIBILITY	01/30/2006	Yes
83.51(1)(e)	CLEARED PATHWAY FROM EXITS	01/30/2006	Yes

Survey ID: 0091082 End Date: 08/18/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008910 Served 10/06/2003

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		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	01/30/2006	Yes
83.13(7)(b)	PERSONNEL RECORDS AVAILABLE FOR REVIEW	07/12/2005	Yes
83.21(4)(h)	PRIVACY	07/12/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/12/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	07/12/2005	Yes
83.33(2)(a)	SUPERVISION	07/12/2005	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	07/12/2005	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	07/12/2005	Yes
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	07/12/2005	Yes
83.43(4)(b)2.c	BASEMENT SMOKE DETECTOR	07/12/2005	Yes
83.43(7)(a)	SPRINKLER SYSTEMS	07/12/2005	Yes
83.52(2)(b)	TYPE 3 WITH SPRINKLER AND DETECTOR	07/12/2005	Yes

Provider Inspection Summary

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P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/06/2006 SOD #10008348 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Date: 08/02/2005 SOD #10008248 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.05(2)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.42(3)(c)

Date: 10/01/2003 SOD #10008910 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Complaint History

Date Complaint Received: 12/06/2005 Date Investigation Completed: 02/09/2006

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10008348RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10008348

Date Complaint Received: 06/10/2003 Date Investigation Completed: 07/09/2003

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10008910